

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Maile	5019	04-04-01
O.I.P.E. CLASSIFIER		8	04/30/01
FORMALITY REVIEW	TN	870	06-12-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/10/02
2	✓	✓	11/2/02
3	✓	✓	4/4/03
4	✓	✓	9/16/03
5	✓	✓	11/18/03
6	✓	✓	11/18/03
7	✓	✓	11/18/03
8	✓	✓	11/18/03
9	✓	✓	11/18/03
10	✓	✓	11/18/03
11	✓	✓	11/18/03
12	✓	✓	11/18/03
13	✓	✓	11/18/03
14	✓	✓	11/18/03
15	✓	✓	11/18/03
16	✓	✓	11/18/03
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18	✓	✓	11/18/03
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45	✓	✓	11/18/03
46	✓	✓	11/18/03
47	✓	✓	11/18/03
48	✓	✓	11/18/03
49	✓	✓	11/18/03
50	✓	✓	11/18/03

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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